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CONFIRMATION NO. 4993

<b>SERIAL NUMBER</b> 10/630,590	<b>FILING OR 371(c) DATE</b> 07/29/2003 <b>RULE</b>	<b>CLASS</b> 512	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 34170-701.501
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/409,298 09/09/2002  
 and claims benefit of 60/450,464 02/27/2003  
 and is a CIP of PCT/US02/24655 08/02/2002  
 which claims benefit of 60/309,841 08/03/2001  
 and claims benefit of 60/360,061 02/25/2002  
 This application 10/630,590  
 is a CIP of 10/080,273 02/19/2002 ABN  
 which claims benefit of 60/269,523 02/16/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 10/20/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i>				

## ADDRESS

21971

## TITLE

Methods of diagnosing cervical cancer

<b>FILING FEE RECEIVED</b> 1327	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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